

\_\_\_\_\_

RE: \_\_\_\_\_

To Whom It May Concern:

I have, effective this date, appointed \_\_\_\_\_,

\_\_\_\_\_, in association with Black, Gould, & Associates, Inc., of

\_\_\_\_\_, Arizona as my sole insurance representative. This document

will supersede all other letters prior to this date. They are authorized to work with you in any of the insurance requirements connected with my policy.

Please accept them in such capacity and provide such information and records or make such endorsements, alterations and changes as they may request. In addition, this is to authorize payment to them of commissions and allowances as are now provided under the policy I have with your company.

The authority vested in them with this appointment is to continue until such times as you may be notified differently in writing by me.

Sincerely,

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Client Name and Social Security Number**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Physical Street Address, City, State, Zip Code**

\_\_\_\_\_  
**Daytime Phone Number**